

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05558

05568

CERTIFICATE OF DEATH

Reg. Dist. No. 265

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

I

1

0

0

1

1

19

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

8

CERTIFICATE OF DEATH

BUREAU V. S.

MAY 24 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05559

05569

CERTIFICATE OF DEATH

Reg. Dist. No. 268

M

1. PLACE OF DEATH a. COUNTY Somerset		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island		c. LENGTH OF STAY IN 1b —		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CHI Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X2 Deal Island		d. STREET ADDRESS —		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Yvonne		First	Middle Lester	Last Handy	4. DATE OF DEATH May 1 1957	Month	Day	Year	
5. SEX female		6. COLOR OR RACE col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 23-1936	9. AGE (In years last birthday) 20 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME ALONZA		14. MOTHER'S MAIDEN NAME ALICE JONES							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 220-32-8535		17. INFORMANT ALICE WALLACE Mother		Address Deal Island, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Glomerular nephritis 593X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH 1 month	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
MEDICAL CERTIFICATION		Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hemolysis during last pregnancy							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Dames Quarter, Maryland		(County)	(State)
21. I certify that I attended the deceased from 4-29-57, 19, to 5-1-57, 19, that I last saw the deceased alive on 5-1-57, 19, and that death occurred at 10:15 PM from the causes and on the date stated above. ACTUAL SIGNATURE Everett C. Sutter M.D.								ADDRESS (Street, city or town, state) Dames Quarter, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 5/5/57		22b. DATE THEREOF 5/5/57		22c. NAME OF CEMETERY OR Crematorium Wesley		22d. LOCATION (City, town, or county) Deal Island		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Lester Webster		ADDRESS Deal Island		24a. REC'D. BY REGISTRAR DATE 3/6/57		24b. REGISTRAR'S SIGNATURE Lola J. McAllister			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be retained for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

DEATH

NAME

ADDRESS

NAME

ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8 Film G217 6-20-57 et

05560

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY		05565		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
Somerset MARYLAND		b. STATE		Maryland b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Crisfield		38 years		39 Crisfield	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
134 N. Somerset Ave.		134 N. Somerset Ave.		134 N. Somerset Ave.	
3. NAME OF DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH
		EMMA	FLORENCE	HODGE	May 24 1957
5. SEX		6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday) 84 yrs.
Female		White	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	May 30, 1872	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housewife		At Home		Shippensburg, Penna.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Levi Allen Lyne		Lucy Eleanor Bingham		U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT	
		None		Miss Elizabeth Hodge-134 N. Somerset Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Crisfield, Md.		INTERVAL BETWEEN ONSET AND DEATH	
420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		Acute Cardiac failure		2 hrs.	
(b) DUE TO		Arteriosclerotic Heart Disease Atrial fibrillation -		3 years	
(c)		Hypertension, etc.		5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				(County) (State)	
21. I certify that I attended the deceased from <u>May 24</u> , 1957, to <u>May 24</u> , 1957, that I last saw the deceased alive on <u>May 24</u> , 1957, and that death occurred at <u>10 a.m.</u> from the causes and on the date stated above.		ADDRESS (Street, city or town, state)		DATE SIGNED	
ACTUAL SIGNATURE <u>Sarah M. Peyton</u> M.D.				<u>Crisfield, Md.</u> <u>May 25, 1957</u>	
PHYSICIAN'S NAME (Type) <u>Dr. Sarah M. Peyton</u>		Main St.—Crisfield, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>May 27, 1957</u>		22c. NAME OF CEMETERY OR CREMATORIUM Northeast Methodist Ceme.	
22d. LOCATION (City, town, or county) <u>Northeast, Md.</u>				(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Bradshaw & Sons—Crisfield, Md.</u>		ADDRESS		24a. REC'D BY REGISTRAR DATE <u>5/25/57</u>	
				24b. REGISTRAR'S SIGNATURE <u>Barlow S. Tolson</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
Page 3 should be attached for use as the burial/transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filled with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

A rectangular stamp with 'RECEIVED' in large, bold, outlined letters at the bottom. Above it, the date 'MAY 27 1957' is stamped. At the top, it reads 'BUREAU' on the left and 'FBI' on the right, with a small 'S.' between 'BUREAU' and 'FBI'.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05570

CERTIFICATE OF DEATH

05561
Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 25 years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital		e. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First SADIE	Middle LILLISTON	Last HUFFMAN
4. DATE OF DEATH May	Month 20	Day 19	Year 57
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1875
9. AGE (In years lost birthday) 82 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Accomack County, Virginia		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME George Lilliston		14. MOTHER'S MAIDEN NAME Mary Jane Mears	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT John T. Evans--Peyton's Rd.--Crisfield, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) left, DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 days.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>March</u> , 1957, to <u>May</u> , 1957, that I last saw the deceased alive on <u>May 20</u> , 1957, and that death occurred at <u>6:30 A</u> M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Crisfield, Md.	
ACTUAL SIGNATURE C. G. Rawley		DATE SIGNED 5/22/57	
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 22, 1957	
22c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		22d. LOCATION (City, town, or county) (State) Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Md.		24a. REC'D. BY REGISTRAR DATE 5/23/57	
		24b. REGISTRAR'S SIGNATURE Barbara S. Tolson	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then, please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

RECEIVED
MAY 27 1957
FBI - BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 Film G216 5-29-57 et

05563

05571

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		b. STATE					
Somerset		Maryland		Md		b. COUNTY					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		d. STREET ADDRESS					
Baltimore		1 day.		Princess Anne		Washington St					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. LENGTH OF STAY IN 1b		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. DATE OF DEATH					
Navy Hospital		1 day.		f. DATE OF DEATH		f. DATE OF DEATH					
3. NAME OF DECEASED (Type or print)		First	Middle	Last	Month	Day	Year				
John Franklin May				May	May	12	1957				
4. SEX		5. COLOR OR RACE		6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		7. B. DATE OF BIRTH		8. AGE (In years at time of death or last birthday)		9. IF UNDER 1 YEAR Months Days Hours Min.	
Male		White		WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		April 1878		99		10. IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?					
Baptist				West Virginia		U.S.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME									
John W. May		Mary Jane McDonald									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address					
No		218-44-9493		Alfred May		Princess Anne					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Coronary Occlusion - Uremia		2 days		INTERVAL BETWEEN ONSET AND DEATH			
		DUE TO				1 day					
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause if lost.		(b)		Chronic Nephritis - Nephritis		years -					
		DUE TO		(c) Enlarged prostate -		years -					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour a. m. 19 p. m.		20d. INJURY OCCURRED White Not while at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)					
21. I certify that I attended the deceased from <u>May 11, 1957</u> to <u>May 12, 1957</u> that I last saw the deceased alive on <u>May 12, 1957</u> , and that death occurred at <u>4:00 P.M.</u> from the causes and on the date stated above.								ADDRESS (Street, city or town, state)			
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		George C. Coulbourn		M.D.		Marion Sta. Md		DATE SIGNED 5-13-57			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORI		22d. LOCATION (City, town, or county)		(State)			
Burial 6/14/57				St Andrews Episcopal		Princess Anne Md					
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE					
James Lennon		Princess Anne		DATE 5-13-57		Nellie D. Payne					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be filed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

NAME

ADDRESS

PHONE NUMBER

DEATH DATE

CAUSE OF DEATH

DEATH TIME

DEATH PLACE

DEATH NUMBER

BUREAU V.

MAY 16 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05564

260

05572 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover		c. LENGTH OF STAY IN 1b 64 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover		d. STREET ADDRESS R.F.D.		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Lottie	Middle E.	Last McDorman	4. DATE OF DEATH May 23 1957	Month May	Day 23	Year 1957
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 7, 1892	9. AGE (In years last birthday) 64	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0	13. IF UNDER 24 HRS. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William H. Milligan		14. MOTHER'S MAIDEN NAME Ida Nelson						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mr William McDorman Westover, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Sclerosis						INTERVAL BETWEEN ONSET AND DEATH 1-3 yrs.		
DUE TO 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		(b) Coronary embolism				" "		
DUE TO Varicose Veins + Arteriosclerosis		(c) 5 yrs.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Previously Hypertension & Nephritis						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 442x						
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) M.D.	20f. (City or town) Princess Anne, Md.	(County) Princess Anne, Md.	(State) Md.	
21. I certify that I attended the deceased from March 1957 to May 23 1957 , that I last saw the deceased alive on May 23 1957 , and that death occurred at 3:15 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Princess Anne, Md. DATE SIGNED May 27, 1957								
ACTUAL SIGNATURE A.C. Lewis, M.D.	PHYSICIAN'S NAME (Type) A.C. Lewis, M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) burial	22b. DATE THEREOF 5-25-57	22c. NAME OF CEMETERY OR CREMATORIAL St. Andrew Cemetery	22d. LOCATION (City, town, or county) Princess Anne, Md.	(State) Md.				
23. FUNERAL DIRECTOR'S SIGNATURE Stein Weber	ADDRESS Princess Anne, Md.	24a. REC'D BY REGISTRAR 1957	24b. REGISTRAR'S SIGNATURE Dr. R. H. Johnson					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be used for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF HEALTH-EDUCATION-WEALTH

CERTIFICATE OF DEATH

Date of Birth

Date of Death

Cause of Death

Place of Death

SS

Name of Deceased

Title

FD

Date of Birth

Date

Name

Relationship

Relationship

Relationship

Name of Hospital

Name of Hospital

Name

Name

BUREAU V. E.

MAY 31 1957

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05566

CERTIFICATE OF DEATH

05565

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN lb Lifetime				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 320 Main St.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)	First LILLIAN	Middle R.	4. DATE OF DEATH May 21 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 10, 1863			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home				
10c. FATHER'S NAME William Roach		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None				
17. INFORMANT Miss Henrietta Coulbourn-Crisfield, Md.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Wrenna Great Del 7 Hnt</i> 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) <i>Chronic Diet regulates Chronic myopathy</i> DUE TO (c) <i>Severe Arteriosclerosis</i>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>no</i>				
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i>Maryland</i>	(County) <i>Maryland</i>	(State) <i>Maryland</i>
21. I certify that I attended the deceased from <i>Jan 1, 1956, to May 21, 1957</i> , that I last saw the deceased alive on <i>May 22, 1957</i> , and that death occurred at <i>4:45</i> M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>George C. Coulbourn</i> M.D. ADDRESS (Street, city or town, state) <i>Maryland</i> DATE SIGNED <i>5/22/57</i>						
PHYSICIAN'S NAME (Type) Dr. George C. Coulbourn Marion Station, Md.						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF May 23, 1957	22c. NAME OF CEMETERY OR CREMATORIUM Wesley Chapel Cemetery	22d. LOCATION (City, town, or county) Rock Hall, Maryland (State)			
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Md.		ADDRESS	24a. REC'D BY REGISTRAR DATE <i>5/23/57</i>	24b. REGISTRAR'S SIGNATURE <i>Bradshaw & Sons</i>		

605

BUREAU V. S.

MAY 27 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05566

05573

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		b. COUNTY Somerset	
c. LENGTH OF STAY IN 1b Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital		d. STREET ADDRESS 1 Lawsonia Section	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) NANCY	First ELIZABETH	Middle TYLER	Last Month May Day 22 Year 19 57
4. DATE OF DEATH	Month	Day	Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 7, 1869
9. AGE (In years last birthday) 88 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME George Tyler		14. MOTHER'S MAIDEN NAME Jane Sterling	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Alex Tyler--Lawsonia--Crisfield, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 332X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 week -	
(b) DUE TO Cerebral Atherosclerosis		-	
(c) Generalized Atherosclerosis		-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 241X Bronchial Asthma		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 1952 to 1957, that I last saw the deceased alive on 11-22-1957, and that death occurred at 11:00 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED			
ACTUAL SIGNATURE Dr. Sarah M. Peyton		Main St.--Crisfield, Md.	
PHYSICIAN'S NAME (Type) Dr. Sarah M. Peyton			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 24, 1957	
22c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		22d. LOCATION (City, town, or county) Crisfield, Md. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		24a. REC'D BY REGISTRAR DATE 5/23/57	
		24b. REGISTRAR'S SIGNATURE Bradshaw & Sons	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

RECEIVED
BUREAU V. S.
MAY 27 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05567

05557

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)											
Somerset		Maryland		a. STATE b. COUNTY											
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
Crisfield		Life		Crisfield											
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
1st Street		1st Street													
3. NAME OF DECEASED (Type or print)		First	Middle	Lost	4. DATE OF DEATH Month Day Year										
Robert Lake Wharton Jr.					May 23 1957										
5. SEX		6. COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years lost birthday) yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
Male		White				June 18 1887		69							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?									
Seaport Baker				Md.		U.S.									
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME													
Robert Lake Wharton Sr.		Julia W. Dixie													
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH					
								420.1 Coronary disease							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO (b)		Was attended some time by Dr				DUE TO (c) R. J. Barr for heart disease							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		21. I certify that I attended the deceased from _____ to _____, 19_____, that I last saw the deceased alive on _____, and that death occurred _____ from the causes and on the date stated above.		William H. Coulbourne, M.D.		20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		21. I certify that I attended the deceased from _____ to _____, 19_____, that I last saw the deceased alive on _____, and that death occurred _____ from the causes and on the date stated above.		DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, Md.					
22. ACTUAL SIGNATURE		23. PHYSICIAN'S NAME (Type)		24. ADDRESS		25. DATE SIGNED		22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORIAL		22d. LOCATION (City, town, or county) (State)	
James D. Denson		James D. Denson		Crisfield, Md.		May 25 1957		Burial 5/26/57		5/26/57		Sunnypoint		Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE		24. REC'D BY REGISTRAR DATE		25. REGISTRAR'S SIGNATURE											
James D. Denson		5/25/57		Bartow S. Adams											

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE DEVELOPMENT DEPARTMENT - C-44111406-18
CERTIFICATE OF DEATH

SEARCHED

INDEXED

FILED

MAILED

BUREAU

MAY 27 1957

RECEIVED